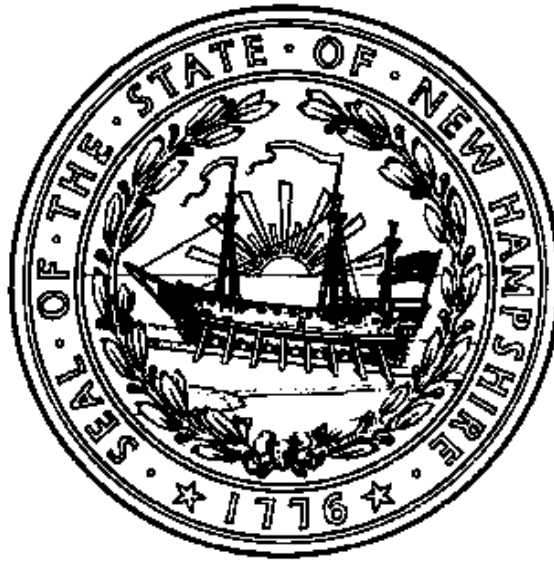


# **STATE OF NEW HAMPSHIRE**



## **DEPARTMENT OF JUSTICE**

### **VOCA ASSISTANCE**

#### **Victims of Crime Act Grant Program**

#### **2006 SUBGRANT APPLICATION KIT**

##### **Deadlines:**

- Letter of Intent: Friday, March 24, 2006 @ 4 PM
- Application: Friday, April 28, 2006 @ 4 PM

**STATE OF NEW HAMPSHIRE**



**DEPARTMENT OF JUSTICE  
GRANTS MANAGEMENT UNIT**

**MISSION STATEMENT**

The Grants Management Unit of the Department of Justice exists to make a difference in the lives of the citizens of New Hampshire by ensuring the proper use of federal funds for criminal justice purposes. The Grants Management Unit does this through:

- \* the professional administration of grant resources;
- \* the adherence to all underlying federal and state requirements;
- \* the coordination of federal criminal justice resources available to the state; and
- \* efficient service and assistance.

STATE OF NEW HAMPSHIRE



DEPARTMENT OF JUSTICE

**VOCA ASSISTANCE GRANT APPLICATION KIT**

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Other Resources (Available on our website at <http://doj.nh.gov/grants/application.html>):

- VOCA Assistance Guidelines (pages 9 –14 are the most relevant to subgrantees)
- US DOJ Office of the Comptroller's Financial Guide

# STATE OF NEW HAMPSHIRE



## DEPARTMENT OF JUSTICE

### VOCA ASSISTANCE GRANT APPLICATION KIT

#### INTRODUCTION

The Victims of Crime Act grant program was enacted in 1984 to provide direct services to victims of crime (VICTIMS COMPENSATION AND ASSISTANCE ACT Pub. L No. 98-473, Title 11(1984), as amended VICTIMS OF CRIME ACT (VOCA)). VOCA is funded by fines collected by the US Department of Justice and has two major components. The VOCA Assistance program is targeted to providing direct services direct service to victims. The VOCA Compensation program is targeted to compensating crime victims for the financial losses that resulted from their victimization.

The New Hampshire Department of Justice administers the VOCA programs along with several other Federal and State funding sources related to serving the needs of victims. These funds are primarily used to fund victim services programs run by non-profit and governmental agencies. Some of these funds are also used to provide various assistance directly to victims and to enhance the skills of victim service providers through various training initiatives.

The need for various types of victim related services in New Hampshire far exceed the available funding. Our goal is to maximize the effectiveness of our available resources on a statewide basis. In part, that means addressing issues like how to balance the need for: direct services versus training, rural versus urban, non-profit versus governmental, advocacy versus mental health, children versus adults, underserved populations versus “mainstream”, etc. The VOCA subgrants that are made as a result of this solicitation are an important part of our overall efforts and strategies to these Federal dollars as meaningful as possible in meeting victim needs across the state.

The New Hampshire Department of Justice has the discretion to make grants for greater or lesser amounts than requested and to negotiate the scope of work and budget with applicants prior to the award of a grant.

STATE OF NEW HAMPSHIRE



DEPARTMENT OF JUSTICE

2006 VOCA CONTINUATION SUBGRANT APPLICATION

GENERAL INFORMATION

(For reference only. Do not file with application)

**I. Deadlines**

- **Letter of Intent Deadline: Friday, March 24, 2006 @ 4 PM.** May be submitted by mail, fax or email and should include a brief description of the proposed program.
- **Application Deadline: Friday, April 28, 2006 @ 4 PM (received, not postmarked).** Applicants must submit the original plus one copy by mail or hand delivery. Please include any letters of support for your program with your application package.

Letters of Intent, Applications and all questions regarding this solicitation should be submitted to:

Gary Palmer, VOCA Grant Manager  
New Hampshire Department of Justice  
33 Capitol Street  
Concord, NH 03301  
603-271-7820  
Fax: 603-223-6290  
gary.palmer@doj.nh.gov

Please feel free to call or email with questions.

**II. Eligibility**

Eligible applicants are nonprofit and faith-based organizations with a record of providing direct services to victims of violent crime. Police departments, sheriffs' offices, county attorney offices and the New Hampshire Department of Corrections are eligible to apply for victim advocate positions. Small law enforcement jurisdictions are invited to apply for an advocate position to be shared among multiple agencies.

### **III. Funding Plan and Cycles**

- Successful nonprofit and faith based agency applicants will receive a VOCA subgrant for the period from July 1, 2006 to June 30, 2007. Funding for two (2) additional, one-year VOCA subgrants will be made, up to the amount of the initial year's award, assuming there are no problems with program performance and/or the availability of Federal VOCA funds. Our expectation is that there will be another open solicitation in three years.
- Successful governmental agency applicants will receive a VOCA subgrant for the period from July 1, 2006 to June 30, 2007. Funding for three (3) additional, one-year VOCA subgrants will be made assuming there are no problems with program performance and/or the availability of Federal VOCA funds. The second year's funding level will be up to the amount of the initial year's award. The third year's funding level will be up to two thirds (2/3's) of the amount of the initial award. The fourth and final year's funding level will be up to one third (1/3) of the amount of the initial award. This method establishing programs in governmental agencies and gradually weaning them off the federal funding has been very successful in starting and sustaining new programs in governmental agencies and frees up funding to start new programs.

### **IV. Application Scoring and Decision Making Protocol**

- The Application Instructions for each section indicate the possible "Points" for that section.
- All applications that meet the Letter of Intent and Application Deadlines will be read and scored by at least five persons. The grant readers will be a mixture of New Hampshire Department of Justice employees and professionals with a knowledge of victim issues. No grant reader will be employed by, member of the board, etc. of an agency applying for VOCA funding.
- The application scoring will be an important factor in the funding decision-making process, but not the only factor. Simply funding the highest scoring applications will not necessarily result in achieving the various balances we are targeting, such as how heavily to fund one program area versus another. The New Hampshire Department of Justice has the discretion to make grants for greater or lesser amounts than requested and to negotiate the scope of work and budget with applicants prior to the award of a grant. The Grants Management Unit will make initial recommendations to the Director of Administration who, in turn, will make funding recommendations to the Attorney General. The Attorney General will make the final funding recommendations to the Governor & Executive Council, which has final approval authority on all grants.
- Unsuccessful applicants may appeal the decision via a letter to the Attorney General within 30 days of their funding denial notification.

## **V. General Overview of VOCA Assistance Program Requirements**

- There is a Cash and/or In-Kind match requirement of 25% of the Federal dollars (which is 20% of the total program costs).
- First time applications for VOCA funding must be for new programs and/or the expansion of existing programs and cannot be used to sustain existing program activities.
- Allowable personnel activities include direct services to victims, program outreach, the training of direct victim service providers that work for VOCA funded agencies and mental health services.
- Unallowable personnel activities include general administration, prevention, needs assessments, focus groups, lobbying, participation in multi-disciplinary meetings/task forces, substance abuse treatment services, and services to inmates even if they are victimized as a result of their incarceration.
- Only expenses and activities that have been approved in the subgrant application, and any subsequent approved grant adjustments, may be declared by the subgrantee agency as Federal and/or Match expenses. We understand that things may change and we welcome grant adjustment requests (via letter or email to the grant manager). Prior approval of grant adjustment requests is required before the requested change may be implemented.
- Subgrantee agencies must inform victims about the VOCA Compensation program; assist victims with their applications as needed; and properly report these efforts on their annual Performance Report.
- Subgrantee agencies must use volunteers unless receive a waiver from NH DOJ. Governmental and mental health agencies are eligible for waivers.
- Subgrantee agencies must provide services for free unless they receive a waiver from NH DOJ. Mental health agencies are eligible for waivers but sliding scale MUST START AT \$0. Program income to mental health agencies from sliding scale fees, insurance, etc. must be spent on program allowable activities and may be used as match.
- Subgrantee agencies must keep time and attendance records and use them as a basis for billing the grant for any grant funded personnel that do not perform 100% VOCA allowable activities.
- Subgrantee agencies must file quarterly Expenditures Reports on a timely basis (see Attachment A).
- Subgrantee agencies must file annual Performance Report and Civil Rights Form on a timely basis (see Attachment B.).
- Subgrantee agencies will be site monitored at least once every two years and are required to provide program and financial documentation upon request.

See the application Guidelines and Conditions, the VOCA Assistance Guidelines and the US DOJ OC Financial Guide for more information.

**STATE OF NEW HAMPSHIRE**



**DEPARTMENT OF JUSTICE**

**2006 VOCA SUBGRANT APPLICATION**

**APPLICATION INSTRUCTIONS**

(For reference only. Do not file with application)

The narrative sections of the application should be single spaced with at least 1-inch margins. The provided forms should be utilized except where otherwise indicated. The forms do not need to be typed, simply legible. Do not use the "Electronic Addendum" application forms available on our website for this grant solicitation.

Please feel free to contact Gary Palmer at 603-271-7820 or [gary.palmer@doj.nh.gov](mailto:gary.palmer@doj.nh.gov) with any questions related to your VOCA grant application.

**A. The Cover Page**

Complete the cover page with the appropriate information. The Grant Starting Date should be July 1, 2006 and the Ending Date should be June 30, 2007. The Program Implementation Date should be the expected start date of the grant program. Programs should be implemented within ninety (90) days of the Grant Starting Date.

**B. The Application Narrative**

The Application Narrative sections may be done on your word processor and attached; just indicate "See Attached" on the provided form. If you choose to use the form and need more space for a section, simply attach the properly labeled additional pages.

**B.1. Problem Statement, 10 Points**

This section should describe the nature and extent of the problem to be addressed and improvements needed to address the problem SPECIFIC TO YOUR AREA OF SERVICE. The purpose is to develop a clear, concise picture of the problem or gap in services or benefits that will be addressed using grant funds. This section also should describe approaches taken thus far to address the problem. The description of the problem



should be supported by statistical information and/or other factual information. The sources or methods used for assessing the problem also should be listed and described.

## **B.2. Program Description – 25 Points**

This section should provide a description of the proposed solution to the problem. It should discuss both the scope and intent of the program and its relationship to the priorities and goals of your strategy. For non-profit applicants, include a description of the agency; i.e. relevant experience with victim services; the types and number of victims currently being served, the types of direct services being offered, and the number of volunteers and total hours donated. Be very clear as to what this particular grant will be funding as opposed to other related agency/program activities. If there are salaried positions sought in this grant program, describe the VOCA allowable activities for these positions and be clear as to any other activities that may be performed by VOCA funded personnel that are not VOCA allowable. Allowable personnel activities include direct services to victims, program outreach, the training of direct victim service providers that work for VOCA funded agencies and mental health services. Unallowable personnel activities include general administration, prevention, needs assessments, focus groups, lobbying, participation in multi-disciplinary meetings/task forces, substance abuse treatment services and services to inmates even if they are victimized as a result of their incarceration. For more information on grant allowability, refer to the VOCA Assistance Guidelines and/or the US DOJ OC Financial Guide or contact Gary Palmer at 603-271-7820 or [gary.palmer@doj.nh.gov](mailto:gary.palmer@doj.nh.gov).

## **B.3. Goals, Objectives, Activities, and Performance Measures – 10 Points**

This section is a specific outline of the program goals and its accompanying objectives, activities, and performance measures in a format similar to the example below. The goals are general statements of the desired results or outcome of the program. They should address the problem identified in the problem statement. The goals should be both realistic and achievable. The objectives are specific approaches to achieving each of the goals. Objectives focus on the methods that will be used to address the problem; they should be clearly stated, realistic, and measurable. The accomplishment of objectives should result in the achievement of the goals they support. Activities are performed to accomplish the objectives; they are the key operational elements of the program and should be specific and measurable. Timeline information should be included in the objectives and/or activities as warranted. Performance measures are used to determine the impact of the activities. They provide quantifiable information on the status of achievement for each objective. Performance measures clearly indicate whether or not the objective has been achieved and/or measure the degree to which the objective has been accomplished. Within the Application Narrative, each goal should be presented with all of its accompanying objectives and key activities. Each objective must also be linked to one or more corresponding performance measures, which must be clearly identified, results oriented, and reasonably attainable.

## Goals, Objectives, Activities, and Performance Measures - Format Example:

Goal 1: To continue to provide and improve direct services to victims of sexual assault.

Objective 1: To continue to have specialized personnel available to effectively assist victims of sexual assault.

Activity 1: Continue to fund our victim advocate positions to assist victims of sexual assault.

Activity 2: Ensure that the victim advocate positions experience a minimum of turnover and that empty positions are filled in a timely manner.

Performance Measures: 1. The number of victims served by these victim advocate positions. 2. Number of days these positions were unfilled.

Objective 2: To increase the effectiveness of the advocacy assistance to victims of sexual assault.

Activity 1: Provide relevant training opportunities for these victim advocates.

Activity 2: Improve outreach to hospitals and law enforcement to maximize the number of forensic sexual assault exams our agency is called to provide victim support.

Performance Measures: 1. The number of relevant trainings attended. 2. The number of outreach efforts to law enforcement and hospitals. 3. The number of FSAE's attended. 4. Victim satisfaction surveys.

### **B.4. Reporting, Monitoring, and Evaluation Methods – 10 Points**

This section of the Application Narrative should indicate how your agency will assess the overall program and determine whether the funded program is achieving the program's goals and objectives. Specify any outcome measure efforts that have been or will be employed to evaluate the program's effectiveness. Provide a synopsis of any lessons learned and/or changes implemented as a result of evaluations, assessments, etc. Provide blank copies of any surveys, etc. used to collect client feedback. Briefly describe the methods to be used to track the information required for the Civil Rights Information form and the Subgrant Performance Report (see Attachment B).

### **B.5. Efforts to identify and reach Underserved populations - 10 Points**

Describe any efforts to identify, assess needs and provide services to underserved populations. This may include outreach efforts, committees, collaborative partnerships, the diversity of your board, etc.

### **B.6. Collaboration – 10 Points**

Describe your collaboration efforts with other agencies and entities related to the victims served and the services proposed by this program. Include participation in multidisciplinary committees, task forces, etc.

**B.7. Most Important Unmet Needs for Direct Services**

Describe the one or two most glaring unmet needs for direct victim services in your community. There is no scoring on this section; it is merely one of many ways we gather information on needs.

**C. ADDITIONAL REQUIRED INFORMATION**

Parts 1-5 of this section are for information required by the Federal VOCA office for all VOCA subgrants. You must use the provided form for this section but it does not need to be typed.

**D. AGENCY BOARD OF DIRECTORS (Non profit agencies only)**

Please provide the names, addresses, titles and salaries of trustees, officers, directors and/or other managing officers of your agency. Use additional pages if necessary.

**Financial Issues Scoring – 25 Points**

**The following sections of the application will be scored in total on their overall strength: E. Budget Itemization; F. Budget Narrative; I. Non Profit Agency Application Addendum & Form 990 (non profits only); and J. Most Recent Audit. Issues such as the completeness, accuracy and reasonableness of the budget information in relation to the proposed program and general fiscal issues will be taken into consideration.**

**E. BUDGET ITEMIZATION**

Federal Funds for VOCA programs must be used to supplement, not supplant, existing subgrantee programs and services – they cannot be used to replace existing sources of funding (unless the existing funding sources will not be available in the future). VOCA funds and their required matching funds may only be used to support allowable VOCA activities. VOCA grants require a matching CASH and/or IN-KIND contribution of 20% of the Total Budget (Total Budget equals the Federal amount requested plus the match amount). The minimum match may also be calculated by taking 25% of the requested Federal funds. Matching funds must be from non-federal sources. All funds designated as match are restricted to the same uses as the Federal grant funds

and must be expended within the grant period. There is no requirement to match on an item-by-item basis and all match may come from one item such as volunteer labor. Match expenses must be identified in a manner that guarantees its accountability during an audit.

**BUDGET ITEMIZATION FORM:**

The form does not need to be typed, simply legible. The numbers in the “Total Budget” column must always be equal to the sum of the “Federal Funds” and “Matching Contribution” columns. The “GRAND TOTALS” must be the sum of the subtotals for the seven sections (A. - G.). You must use the provided form but it does not need to be typed. Note: In some cases there will not be sufficient room on this form to adequately itemize expenses for a given section. In those cases the itemization should be done in the Budget Narrative (use additional pages as necessary).

A. Personnel: List all job titles for which funds are being requested, the total annual salary for the position; the percentage of time that will be spent on VOCA allowable activities; the amount of federal funds requested for the position; the amount of cash match (if any); and the total amount of salary to be devoted to this program (federal plus cash match). Note that the Total for a particular position cannot exceed the total VOCA allowable salary (annual salary x VOCA allowable %). Note that In-kind labor match should be listed in this section as a single line item (i.e. 1,000 Volunteer hours at \$10/hr, \$10,000 In-kind match).

B. Fringe Benefits: Itemize fringe benefits (FICA, medical coverage, etc.) and show the total cost for the program and the amounts to be allocated to the federal funds and match. The share of benefits allocated to federal and match should not exceed the pro rata share of the salaries indicated in the Personnel section.

C. Contractual Services: List any consultants or contractual services to be purchased, the number of hours/days to be worked, the hourly/daily rate, the total cost, and the amounts to be contributed by federal dollars and match. Please note that there is a \$450/day maximum on consultants without prior approval from the US DOJ.

D. Travel: List projected in-state mileage, rate of reimbursement, total mileage cost, and amounts to be contributed by the federal dollars and match. Also list any projected training conference expenses.

E. Facility Cost: This category should be limited to rent only (utilities should go under Other Costs). If you’re using donated space as in-kind match, the valuation may only be based on cost per square foot if a third party owns the space. If your agency owns the facility, the in-kind match must be based on the actual cost of ownership (i.e. the pro rata share by square footage of the building expenses such as mortgage, depreciation, lights, heat, maintenance, janitorial, etc.).

F. Other Costs: This may include items such as postage, evidence, telephone, printing, and office supplies. List each item separately, except that individual supplies need not be

itemized. An audit expense, which could be no more than VOCA's prorated share of the total agency budget, is only allowable if the audit was done in compliance with OMB Circular A-133.

G. Equipment Purchases: List any equipment to be purchased and show the total budget and the amounts to be contributed by matching funds. Note the requirements on equipment inventory in the Guidelines and Conditions #8 & #9.

GRAND TOTALS: Total each of the three columns. Each of the columns should equal the sum of the Subtotals for the seven budget categories in that column. The "Total Budget" column must equal the sum of the "Federal Funds" and "Matching Contribution" columns.

#### **F. BUDGET NARRATIVE**

The Budget Narrative should provide any relevant explanations and/or itemizations of the expenses listed in the Budget Itemization Form. Use the provided form. It does not need to be typed, simply legible. If you need more space, simply attach the properly labeled additional pages.

The top of the form requires you to document the nature of your match. In-Kind Match is donated services for which the agency does not pay for such as volunteer hours or donated space. Cash Match is something that the agency pays for, such as facility costs, payroll, benefits, etc. To the extent you are using Cash Match, you must specify their source so that we can determine that they are not federal funds.

For each of your budget categories, provide a brief narrative making any explanations necessary to supplement what appears in the Budget Itemization. Between the Budget Itemization and the Budget Narrative, we should be able to clearly determine what expenses are being proposed to be allocated to the Federal and Match costs.

#### **G. VOCA PROGRAM GUIDELINES AND CONDITIONS**

If VOCA grant funds are awarded for the program described in this application package, adherence to the program guidelines and conditions listed in this form will be required. Most of these guidelines and conditions are based on the VOCA Assistance Program Guidelines (starting at section IV. Program Requirements; subsection B. Subrecipient Organization Eligibility Requirements) and the US DOJ OC Financial Guide. These publications are available on our website on the same web page as the Application Kit. This form must have two different signatures as indicated.

#### **H. CERTIFICATION REGARDING DEBARMENT, SUSPENSION INELIGIBILITY, AND VOLUNTARY EXCLUSION**

A person may be debarred or suspended for any of the causes listed in 28 CFR §67.305 and §67.405. Make sure you read the Instructions attached to this form before signing it.

**I. NON PROFIT AGENCY APPLICATION ADDENDUM & IRS FORM 990**

All non profit agencies must complete this section and submit their most recently filed IRS Form 990 with their grant application package. The NON PROFIT AGENCY APPLICATION ADDENDUM can be done on your word processor and attached; just indicate “See Attached” on the provided form. If you choose to use the form and need more space, simply attach the properly labeled additional pages.

**J. MOST RECENT AUDIT**

We do not require that an agency has a financial audit. However, if your agency does have an audit done, you must provide a copy of the agency’s most recently completed financial audit including any related management letters. If the audit included a Federal Financial and Compliance Report (A-133), that must be provided as well. In some cases, the audit is done on the parent agency as opposed to the program or unit of government that is applying and we would simply need the audit of the parent organization. In this section of the application, just indicate “See Attached” or “Our agency does not have a financial audit done.” Exceptions to this requirement are the University of New Hampshire and State agencies (we have ready access to those audits).

**K. LETTERS OF SUPPORT (Optional)**

Include any letters of support for your proposal.

**L. APPLICATION CHECKLIST**

The Application Checklist is to help you ensure that you have everything you need to submit your application. Please complete and return the application checklist with the application package.

**Note: The VOCA Application Instructions, Attachment A. and Attachment B. are included for reference only. Do not file them with your application.**

**Application Deadline: Friday, April 28, 2006 @ 4 PM (received, not postmarked).** Applicants must submit the original plus one copy by mail or hand delivery. Applications and all questions regarding this solicitation should be submitted to:

Gary Palmer, VOCA Grant Manager  
New Hampshire Department of Justice  
33 Capitol Street  
Concord, NH 03301  
603-271-7820  
Fax: 603-223-6290  
gary.palmer@doj.nh.gov

# ATTACHMENT A

## **(For reference only. Do not file with application)**

The Summary of Expenditures Report is required to be filed for each calendar quarter that a VOCA subgrant is open. The Expenditures Report is for the subgrantee agency to declare Federal and Match expenses for the reporting period and is the basis for the New Hampshire Department of Justice reimbursing the program for the Federal expenses declared on their form.

- Only expenses and activities that have been approved in the subgrant application, and any subsequent approved grant adjustments, may be declared by the subgrantee agency as Federal and/or Match expenses. We understand that things may change and welcome grant adjustment requests (via mail or email to the grant manager). Prior approval of grant adjustment requests is required before the expenses associated with the change can be implemented or claimed on an Expenditures Report.
- The allowability and documentation rules for match expenses are the same as those for expenses declared for Federal funds reimbursement.
- The report is due 15 days after the end of each calendar quarter. If no Expenditures Report is filed within 30 days of the end of a calendar quarter, the subgrant is considered to be out of compliance. The report may be filed via mail or fax, but just do one or the other – do not follow a fax with a mailed original. The report is not valid without two different authorized signatures. Agencies with cash flow concerns may file as often as monthly as long as they ensure that includes filings for the end of each calendar quarter. An Expenditures Report must be filed even if there were no Federal or match expenses during the reporting period.
- Backup for the declared expenses should not be filed with the Expenditures Report but must be available for review upon request.
- An Excel spreadsheet version of the Expenditures Report is available upon request. This should be done at the start of the grant, not partway through it.
- Subgrantee agency errors on Expenditures Report filings that the New Hampshire Department of Justice has processed cannot usually be corrected by filing a revised report for the period in question. Normally these errors are corrected by netting them out of the expenses in next Expenditure Report filing with a brief written explanation of the adjustment as a audit trail. Contact your grant manager regarding these problems.

## SAMPLE

Department of Justice  
33 Capital Street  
Concord, NH 03301

To: Agency Name  
Agency Address  
City, State, Zip

Report No: 2 7/28/05  
Grant No. 20050099  
Program: Direct Victim Services

Period End: 9/30/05  
Grant Start: 07/01/2005  
Grant End: 06/30/2006  
Federal Draw Down \$56,124.34  
Federal Expenditures \$56,124.34  
Match Expenditures \$12,167.45  
Balance Available \$67,321.66

Tot Award: \$157,050.00 Match Percentage  
Fed Share: \$123,446.00 Budget Current  
Rec Share: \$33,604.00 21.40% 17.82%

Budget Category	Budgeted		Expended to Date		This Period	
	Federal	Match	Federal	Match	Federal	Match
Personnel	\$69,342.00		\$34,649.32	\$0.00		
Benefits	\$45,775.00		\$20,618.03	\$0.00		
Contractual			\$0.00	\$0.00		
Travel		\$3,360.00	\$0.00	\$2,091.64		
Facility		\$2,703.00	\$0.00	\$1,347.75		
Other Costs	\$8,329.00	\$25,541.00	\$856.99	\$7,393.69		
Equipment		\$2,000.00	\$0.00	\$1,334.37		
<b>TOTALS</b>	<b>\$123,446.00</b>	<b>\$33,604.00</b>	<b>\$56,124.34</b>	<b>\$12,167.45</b>		

**Certification:**

I certify that to the best of my knowledge and belief, this report is correct and complete for the period covered, and that all personnel and other expenditures declared as Federal and Recipient expenses are for allowable activities approved by the NH DOJ for this program.

_____ Authorized Official      Date	_____ Financial Officer      Date
SUMMARY OF EXPENDITURES REPORT REQUIRES TWO SIGNATURES	

Do not write below this line. For NH DOJ use only.

Vendor #	Amount	Encum#	Fed Grant#	Approp#	Grant ID	Sch Pay Date
123456		987654	2004VAGX0062	3379-090	20050099	



## ATTACHMENT B

### **(For reference only. Do not file with application)**

The annual Performance Report and Civil Rights forms are VOCA subgrant reporting requirements. They use a federal fiscal year time frame (October – September) and must be filed with the NH Department of Justice for any VOCA funded program that was funding during that period. Subgrantee agencies will normally receive these forms and instructions via email attachment after the close of each federal year and the filing deadline is generally in early December.

Section B.4. of the VOCA Application, “Reporting, Monitoring, and Evaluation Methods”, requires that applicants describe the methods they will use to track the information for these forms.

**NEW HAMPSHIRE DEPARTMENT OF JUSTICE  
33 CAPITOL STREET  
CONCORD, NEW HAMPSHIRE 03301-6397**



## Reporting Period: OCTOBER 1, 200 – SEPTEMBER 30, 200

Telephone:

NOTE: Indicate the number of victims served by VOCA-funded projects during the grant period. **Each victim should normally be counted only once unless they were victimized in separate and unrelated crimes.**

1. Child Physical Abuse	
2. Child Sexual Abuse	
3. DUI/DWI Crashes	
4. Domestic Violence	
5. Adult Sexual Assault	
6. Elder Abuse	
7. Adults Molested as Children	
8. Survivors of Homicide Victims	
9. Robbery	
10. Assault	
11. Other (Specify types and counts):	
TOTAL	

**B. Please Indicate the Number of Victims Who Received the Following Services:**

**Note 1:** Enter the number of victims that received the service, NOT the total number of times the service was provided (i.e. if you provided Crisis Counseling to a particular victim 3 times, it may only be counted as 1 victim receiving that service).

**Note 2:** All VOCA subgrantees are required to provide Assistance in Filing Compensation Claims and that includes simply informing victims of the program and/or providing them with the contact information/brochure. These services must be reported below in #10.

	No. of Victims Served
1. Crisis Counseling	_____
2. Follow-up	_____
3. Therapy	_____
4. Group Treatment/Support	_____
5. Shelter/Safehouse	_____
6. Information/Referral (in-person)	_____
7. Criminal Justice Support/Advocacy	_____
8. Emergency Financial Assistance	_____
9. Emergency Legal Advocacy	_____
10. Assistance in Filing Compensation Claims	_____
11. Personal Advocacy	_____
12. Telephone Contact Informational/Referral	_____
13. Other (Specify types and counts):	_____
	_____
	_____
	_____
	_____
	_____

**Please provide a brief narrative responding to the following questions (use attachments if more space is required).**

**A. What are the major issues, in your state, if any, that hinder victim assistance programs in assisting crime victims in filing for compensation benefits and in understanding state victim compensation eligibility requirements?**

**B. Briefly describe efforts to promote coordinated public and private efforts within the community to aid crime victims.**

- C. Briefly describe efforts taken to serve federal crime victims, (i.e., coordination, etc.)**
- D. Describe any notable activities conducted at the state or subgrant level to improve the delivery of victim services (i.e., needs assessments, program monitoring, and program evaluation). Include training efforts, and use of VOCA approved training funds, if applicable.**
- E. Include and/or attach anecdotal information and individual case histories illustrating at least four ways in which VOCA funds have been used to assist crime victims. (Letters from crime victims are helpful).**
- F. Identify any emerging issues or notable trends impacting crime victim services in your state.**
- G. Describe how your agency tracks demographic data about victims served and what types of data are collected (i.e. age, gender, ethnicity, disabilities, etc.) You are required to track this data, but you do not need to report the numbers to this office.**

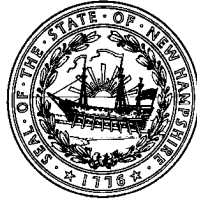
**SAMPLE**

**NEW HAMPSHIRE DEPARTMENT OF JUSTICE**

**VOCA CIVIL RIGHTS INFORMATION FORM**

A.	<u>Race or National Origin</u>	<u>Number</u>
	White	_____
	African-American	_____
	Hispanic	_____
	Asian or Pacific Islander	_____
	American Indian or Alaskan Native	_____
	Bi-Racial	_____
	Other	_____
	Total	_____
B.	<u>Sex</u>	<u>Number</u>
	Male	_____
	Female	_____
	Total	_____
C.	<u>Disability</u>	<u>Number</u>
	Yes	_____
	No	_____
	Total	_____
D.	<u>Age</u>	<u>Number</u>
	0-12 years	_____
	13-17 years	_____
	18-25 years	_____
	26-40 years	_____
	41-60 years	_____
	61+ years	_____
	Total	_____

**STATE OF NEW HAMPSHIRE**



**DEPARTMENT OF JUSTICE**

**VOCA ASSISTANCE GRANT APPLICATION  
FORMS**

STATE OF NEW HAMPSHIRE



DEPARTMENT OF JUSTICE

**VOCA ASSISTANCE GRANT APPLICATION**

**A. COVER PAGE**

- a) Program Title \_\_\_\_\_
- b) Grant Starting Date \_\_\_\_\_ Ending Date \_\_\_\_\_
- c) Program Implementation Date \_\_\_\_\_ d) Federal Funds Requested \$ \_\_\_\_\_
- e) Agency Name \_\_\_\_\_
- f) Head of Agency  
Name \_\_\_\_\_ Title \_\_\_\_\_  
\_\_\_\_\_  
(e-mail address) (telephone number) (fax number)
- g) Program Director  
Name \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
(e-mail address) (telephone number) (fax number)
- h) Fiscal Officer  
Name \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
(e-mail address) (telephone number) (fax number)
- i) Address of centralized location of financial records (if other than fiscal officer)  
Address \_\_\_\_\_

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**DEPARTMENT OF JUSTICE  
VOCA ASSISTANCE GRANT APPLICATION**

**B. APPLICATION NARRATIVE**

For this section of the application please feel free to attach properly referenced Application Narrative sheets and simply note "See Attached" in the respective sections on the form. Please follow the instructions for each section in the Application Instructions.

**B.1. Problem Statement**



## B.2. Program Description

### B.3. Goals, Objectives, Activities and Performance Measures

#### B.4. Reporting, Monitoring and Evaluation Methods

#### B.5. Efforts to identify and reach underserved populations

## B.6. Collaborations

## B.7. Most Important Unmet Needs for Direct Services

STATE OF NEW HAMPSHIRE



DEPARTMENT OF JUSTICE  
VOCA ASSISTANCE GRANT APPLICATION

**C. ADDITIONAL REQUIRED INFORMATION**

1. For this victim services program indicate:

a. Number of paid staff (full-time equivalents\*) \_\_\_\_\_

b. Number of volunteer staff (full-time equivalents\*) \_\_\_\_\_

**Note: Volunteer staff is required unless you receive a waiver from our office (waivers normally go to governmental and mental health agencies only).**

\* A full-time equivalent is usually about 2,000 hours/year (50 weeks x 40 hours).

Example: 9,000 volunteer hours would be 4.5 FTE's (9000/2000).

2. Identify the victim types to be served through this VOCA-funded program (VOCA grant plus match) by checking the type of crime(s). Check all that apply:

a. ☐ Child Physical Abuse

b. ☐ Child Sexual Abuse

c. ☐ DUI/DWI Crashes

d. ☐ Domestic Violence

e. ☐ Adult Sexual Assault

f. ☐ Elder Abuse

g. ☐ Adults Molested as Children

h. ☐ Survivors of Homicide Victims

i. ☐ Robbery

j. ☐ Assault

k. ☐ Other Violent Crime

l. ☐ Other (specify): \_\_\_\_\_

3. Identify the services to be provided by this VOCA-funded program (VOCA grant plus match). Check all that apply:

a. ☐ Crisis Counseling

b. ☐ Follow-up Contact

c. ☐ Therapy

d. ☐ Group Treatment

e. ☐ Crisis Hotline Counseling

f. ☐ Shelter/Safe House

g. ☐ Information&Referral (In Person)

h. ☐ Criminal Justice Support/Advocacy

i. ☐ Emergency Financial Assistance

j. ☐ Emergency Legal Advocacy

k. ☐ Assistance in Filing Victim's  
Compensation Claims

l. ☐ Personal Advocacy

m. ☐ Telephone Contacts (info&referral)

n. ☐ Other (specify): \_\_\_\_\_

**C. ADDITIONAL REQUIRED INFORMATION (Continued)**

4. Estimate the Federal VOCA grant dollars that will be used to serve victims in the priority and underserved victim categories listed below:

- |                                  |          |
|----------------------------------|----------|
| a. Child Abuse                   | \$ _____ |
| b. Domestic Violence             | \$ _____ |
| c. Sexual Assault                | \$ _____ |
| d. Underserved:                  |          |
| 1. DUI/DWI Crashes               | \$ _____ |
| 2. Survivors of Homicide Victims | \$ _____ |
| 3. Assault                       | \$ _____ |
| 4. Adults Molested as Children   | \$ _____ |
| 5. Elder Abuse                   | \$ _____ |
| 6. Robbery                       | \$ _____ |
| 7. Other Violent Crime           | \$ _____ |

5. Please provide the total amount of funding allocated to victim services based on your current fiscal year budget:

- | <u>Funding Sources</u>          | <u>Current Year</u> |
|---------------------------------|---------------------|
| a. Federal (excluding VOCA)     | \$ _____            |
| b. VOCA funds (excluding Match) | \$ _____            |
| c. State                        | \$ _____            |
| d. Local                        | \$ _____            |
| e. Other                        | \$ _____            |

STATE OF NEW HAMPSHIRE



DEPARTMENT OF JUSTICE  
VOCA ASSISTANCE GRANT APPLICATION

**D. AGENCY BOARD OF DIRECTORS**  
**(Non Profit Agencies Only)**

Please provide the names, addresses, titles and salaries of trustees, officers, executive directors and/or other managing officers of your agency.

1.	_____	\$ _____
Name	Title	Salary
_____		
Address		
2.	_____	\$ _____
Name	Title	Salary
_____		
Address		
3.	_____	\$ _____
Name	Title	Salary
_____		
Address		
4.	_____	\$ _____
Name	Title	Salary
_____		
Address		
5.	_____	\$ _____
Name	Title	Salary
_____		
Address		
6.	_____	\$ _____
Name	Title	Salary
_____		
Address		

Please add additional information if necessary on a separate sheet.

NH Department of Justice Grant Application

**E. BUDGET ITEMIZATION**

Program Name:

A. PERSONNEL  
(Job Title)

Annual  
Salary

VOCA  
Allowable%

Federal  
Funds

Matching  
Contribution

Total  
Budget

Subtotals

SOCIAL SECURITY &  
OTHER FRINGE  
BENEFITS (Itemize)

Subtotals Fringe

Subtotals, Personnel & Fringe

B. CONTRACTUAL SERVICES

Subtotals

Page Subtotal



NH Department of Justice Grant Application

**E. BUDGET ITEMIZATION (CONT'D)**

Program Name:

C. TRAVEL	Federal Funds	Matching Contribution	Total Budget
Subtotals			
D. FACILITY COST			
Subtotals			
E. OTHER COSTS			
Subtotals			
F. EQUIPMENT PURCHASES (Description, Quantity, Unit Price)			
Subtotals			
GRAND TOTALS			

NH Department of Justice Grant Application

**F. BUDGET NARRATIVE**

Program Name:

Subgrant Match:

**REMINDER:** An in-kind match contribution is something that is donated. If money is being paid for the match item or service, then it must be considered cash match.

- a. Value of In-Kind Match: \$ \_\_\_\_\_
- b. Cash Match: \$ \_\_\_\_\_
- c. Total Match: \$ \_\_\_\_\_

**REMINDER:** Federal funds from one grant source **MAY NEVER BE USED** as match on another federal grant program.

Source of Matching Funds:

Budget Narrative (use additional pages as necessary):

**STATE OF NEW HAMPSHIRE**



**DEPARTMENT OF JUSTICE**

**VOCA ASSISTANCE GRANT APPLICATION**

**G. VOCA PROGRAM GUIDELINES AND CONDITIONS**

I, the below-named individual, on behalf of the below-named agency (hereinafter referred to as “subgrantee”), am legally authorized as the “Agency Head or Authorized Representative” to submit and accept grants on behalf of the applicant agency, and hereby certify that the grant program outlined in this application package, if funded by VOCA Crime Victim Assistance grant funds, will adhere to the following guidelines and conditions:

1. The subgrantee assures that it will comply with the applicable provisions of the Victims of Crime Act (VOCA) of 1984, Pub.L. 98-473, as amended, and the VOCA Crime Victim Assistance Program Guidelines (please refer to Section IV. Subsection B. “Subrecipient Organization Eligibility Requirements”). A copy of these guidelines has been made available with this application kit.
2. The subgrantee agrees to adhere to the financial and administrative requirements as set forth in the effective edition of the Office of Justice Programs “Financial Guide”. A copy of this guide has been made available with this application kit.
3. The subgrantee agrees that if a financial audit of the agency is performed, whether it be an OMB Circular A-133 audit or not, the subgrantee agrees to provide a copy of the audit and any associated management letters to the New Hampshire Department of Justice, Grants Management Unit.
4. The subgrantee agrees to implement this project within ninety (90) days of the Program Implementation Date (stated on the Cover Page of the application) or be subject to automatic cancellation of the grant.
5. The subgrantee assures that federal funds received for this grant program will not be used to supplant existing funds otherwise available for this victim assistance program.
6. The subgrantee assures that any matching contributions to this grant program will not be federal dollars directly and/or indirectly received from other federal grant programs.

## **G. VOCA PROGRAM GUIDELINES AND CONDITIONS (Continued)**

7. The subgrantee agrees that all VOCA and matching funds will be expended on activities approved by the New Hampshire Department of Justice. The subgrantee further agrees to obtain prior written approval from the New Hampshire Department of Justice before making any changes in project activities, designs or budget plans approved in the subgrantee's application. Overhead expenses such as rent, utilities and equipment will only be supported by VOCA funds up to their pro rata percentage of use for VOCA allowable activities.

8. Equipment purchased with VOCA funds shall be year 2000 compliant and shall be listed by the subgrantee on the agency inventory. The inventory must include the item description, serial number, cost, percentage of federal VOCA funds, and location.

9. The subgrantee agrees that the title to any equipment purchased with VOCA funds will revert back to the New Hampshire Department of Justice, Grants Management Unit, when it is no longer being used for the VOCA program purposes for which it was acquired.

10. The subgrantee agrees to provide information on the program supported with VOCA Crime Victim Assistance grant funds as requested by the United States Department of Justice and the New Hampshire Department of Justice, Grants Management Unit (see sample annual reports in Attachment B). The subgrantee also agrees to file quarterly Expenditures Reports (see Attachment A) for each calendar quarter within 15 days of the end of the quarter. Member agencies of the NH Coalition Against Domestic & Sexual Violence also agree to file their quarterly redacted victim database transaction files within 30 days of the end of each calendar quarter.

11. The subgrantee assures that information will be collected and maintained, where such information is voluntarily furnished by claimants on crime victim applications, by race, national origin, sex, age, and disability. This information will be submitted to the New Hampshire Department of Justice, Grants Management Unit (see sample Civil Rights Report in Attachment B).

12. The subgrantee authorizes representatives from the United States Department of Justice and the New Hampshire Department of Justice to access and examine all records, books, papers, and/or documents related to the VOCA Crime Victim Assistance Grant Program. The subgrantee also agrees to retain grant-related documentation for three years after the close of the grant award period.

13. The subgrantee and all its contractors will comply, with the nondiscrimination requirements of the Omnibus Crime Control and Safe Streets Act of 1968, as amended, 42 USC 3789 (d), or Victims of Crime Act (as appropriate); Title VI of the Civil Rights Act of 1964, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; Subtitle A, Title II of the Americans With Disabilities Act (ADA) (1990); Title IX of the Education Amendments of 1972; the Age Discrimination Act of 1975; Department of

## **G. VOCA PROGRAM GUIDELINES AND CONDITIONS (Continued)**

Justice Non-Discrimination Regulations, 28 CFR Part 42, Subparts C, D, E, and G; and Department of Justice regulations on disability discriminations, 28 CFR Part 35 and Part 39.

14. The subgrantee assures that in the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing against the subgrantee on the grounds of race, religion, national origin, sex, age, or disability, a copy of the finding will be submitted to the New Hampshire Department of Justice, Grants Management Unit for forwarding to the Office of Civil Rights for the Office of Justice Programs.

15. The subgrantee agrees to complete and keep on file, as appropriate, the Immigration and Naturalization Service Employment Eligibility Form (I-9). This form is to be used by the subgrantee to verify that persons employed by the subgrantee are eligible to work in the United States.

16. The subgrantee agrees to maintain adequate time and attendance records for any and all personnel positions where 100% of a VOCA funded employee's activities are not 100% VOCA allowable, and for all volunteers where the volunteer hours are used as In-Kind match.

17. The subgrantee assures that no federal VOCA funds or match funds have been paid or will be paid, by or on behalf of the subgrantee, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of congress in connection with the making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the subgrantee shall complete and submit Standard Form - LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

18. The subgrantee understands that grants are funded for the grant award period noted on the grant award document. No guarantee is given or implied of subsequent funding in future years.

19. Pursuant to 23 USC §§402, 403 and 29 USC §668, the subgrantee agrees to encourage on-the-job seat belt policies and programs for their employees and contractors when operating company-owned, rented, or personally owned vehicles.

## **G. VOCA PROGRAM GUIDELINES AND CONDITIONS (Continued)**

20. The subgrantee agrees to maintain the confidentiality of client - counselor information, as required by state and federal law.
21. All materials publicizing or resulting from award activities shall contain an acknowledgment of the awarding agency assistance. An acknowledgment of support shall be made through use of the following or comparable footnote: "This project was supported by Award No. (Federal Grant # here) awarded by the Office for Victims of Crime, Office of Justice Programs and administered through the New Hampshire Department of Justice."
22. Any publications (written, visual or sound), whether published through Federal grant funds or matching funds, shall contain the following statements: "This project was supported by (Federal Grant # here) awarded by the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice. Points of view in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice."
23. Any renovations to a building over 50 years old must be approved by the State Historical Preservation Officer and by the federal VOCA Office before any work commences. These approvals must be coordinated by the NH Department of Justice, Grants Management Unit.
24. The subgrantee must utilize volunteers to assist in providing VOCA allowable victim services unless a volunteer waiver is obtained from the NH Department of Justice.
25. The subgrantee agrees that all services will be provided at no charge to victims unless a program income waiver is obtained from the NH Department of Justice. If permission to generate program income is granted, the subgrantee agrees that there must be a sliding scale that starts at zero.
26. The subgrantee agrees to assist victims in applying for Victims Compensation benefits. Such assistance includes: identifying eligible victims; making reasonable efforts to notify eligible victims of the availability of compensation; making reasonable efforts to explain the program to victims; offering to assist victims with the application process when it is reasonable to do so (including offering to assist them with the forms and procedures, obtaining documentation and/or checking on claim status); and, making reasonable efforts in any follow-up contacts with the victim to reinforce and/or facilitate the aforementioned services. The subgrantee agrees to ensure that their staff and volunteers that provide direct services to victims will be adequately trained and up to date on the policies and procedures of the Victims Compensation program and their responsibilities as to its implementation within the agency. The subgrantee agrees to include in their annual Performance Report a count of any victims that were provided any

## **G. VOCA PROGRAM GUIDELINES AND CONDITIONS (Continued)**

Victims Compensation assistance, even if that assistance was limited to simply providing a brochure and/or brief explanation, under the “Assistance in Filing Compensation Claims” item. Put an X to the right of date of your signature below to indicate that you understand this requirement.

27. The subgrantee understands that VOCA unallowable activities include: lobbying, fundraising, general administration, prevention (as opposed to outreach), substance abuse treatment and services to incarcerated individuals even if their victimization is a result of their incarceration.

28. The Hatch Act prohibits a federal grant-funded person from becoming a candidate for public office in a partisan election. For further information please refer to U.S.C. Title 5 Sections 1501-1508 and Title 5 of the Code of Federal Regulations part 151.

---

Name and Title of Agency Head or Authorized Representative

---

Signature

---

Date

---

Name and Title of Financial Officer or Grants Finance Manager

---

Signature

---

Date

---

Name and Address of Agency

STATE OF NEW HAMPSHIRE



DEPARTMENT OF JUSTICE  
VOCA ASSISTANCE GRANT APPLICATION

**H. CERTIFICATION REGARDING DEBARMENT, SUSPENSION,  
INELIGIBILITY AND VOLUNTARY EXCLUSION  
LOWER TIER COVERED TRANSACTIONS**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 28 CFR Part 67, Section 67.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988 *Federal Register* (pages 19160-19211).

**(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS ON NEXT  
PAGE)**

- (1) The prospective subgrantee certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department of agency.
- (2) Where the prospective subgrantee is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

---

Name and Title of Authorized Representative

---

Signature

---

Date

---

Name and Address of Agency



## **Instructions for Certification**

1. By signing and submitting this proposal, the prospective subgrantee is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective subgrantee knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective subgrantee shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective subgrantee learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposes," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549.
5. The prospective subgrantee agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective subgrantee further agrees by submitting this proposal that it will include the clause titled, "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transaction," without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may check the Nonprocurement List.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of reports in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

**STATE OF NEW HAMPSHIRE**



**DEPARTMENT OF JUSTICE  
VOCA ASSISTANCE GRANT APPLICATION**

**I. NON PROFIT AGENCY APPLICATION ADDENDUM**

1. Detail all sources of Federal funding your agency receives that do not originate from this office. For each Federal grant include the Federal agency name, the Federal grant number and title, the name of the State agency administering the award, the State grant number, the amount of the award, and a description of how the funds are being utilized.
2. Detail all sources of State funding your agency receives. Do not include Federal funds administered by State agencies (these should be listed above). For each State source of funding include the agency name, the amount of the award, and a description of how the funds are being utilized.
3. Attach a copy of your most recent IRS Form 990, Return of Organization Exempt From Income Tax.
4. To the extent that your Form 990 indicates a large "Excess" (Line 18) in relation to "Total expenses" (Line 17), include a description of the reason(s) for the large "Excess" and any plans your agency may have to utilize "excess" revenues (new programs, program expansions, capital acquisitions, increasing reserves, etc.). Also, if your Form 990 indicates a high level of net assets (Line 21) in relation to total expenses (Line 17), please explain the nature of these assets (liquid assets such as savings versus less liquid assets such as trusts and real estate (unrestricted, temporarily restricted and permanently restricted assets)). If appropriate, please attach a copy of any long term strategy document the agency may have developed that addresses these issues.

**STATE OF NEW HAMPSHIRE  
DEPARTMENT OF JUSTICE  
VOCA ASSISTANCE GRANT APPLICATION**

**J. MOST RECENT AUDIT**

We do not require that any agency has a financial audit. However, if your agency does have one done, you must provide a copy of the agency's most recently completed financial audit including any related management letters (the exceptions are UNH and State agency audits which we have access to). If the audit included a Federal Financial and Compliance Report (A-133), that must be provided as well.

**K. LETTERS OF SUPPORT (Optional)**

Include any letters of support for your agency and/or the proposed program.

**STATE OF NEW HAMPSHIRE  
DEPARTMENT OF JUSTICE  
VOCA ASSISTANCE GRANT APPLICATION**

**L. APPLICATION CHECKLIST**

Please be sure that the following sections are completed and returned with your VOCA grant application. Please include a completed copy of this checklist in your application. Do not include the application instructions or attachments with your submittal.

- \_\_\_ A. COVER PAGE
- \_\_\_ B. APPLICATION NARRATIVE (with additional sheets if necessary)
- \_\_\_ C. ADDITIONAL REQUIRED INFORMATION (two pages)
- \_\_\_ D. AGENCY BOARD OF DIRECTORS (Non profits only)
- \_\_\_ E. BUDGET ITEMIZATION
- \_\_\_ F. BUDGET NARRATIVE
- \_\_\_ G. SIGNED VOCA PROGRAM GUIDELINES AND CONDITIONS
- \_\_\_ H. SIGNED DEBARMENT CERTIFICATION
- \_\_\_ I. NON PROFIT AGENCY ADDENDUM & IRS Form 990 (Non profits only)
- \_\_\_ J. MOST RECENT AUDIT (inc. any management letters and any A-133 section)
- \_\_\_ K. LETTERS OF SUPPORT (Optional)
- \_\_\_ L. APPLICATION CHECKLIST

**Application Deadline: Friday, April 28, 2006 @ 4 PM (received, not postmarked).** Applicants must submit the original plus one copy by mail or hand delivery. Applications and all questions regarding this solicitation should be submitted to:

Gary Palmer, VOCA Grant Manager  
New Hampshire Department of Justice  
33 Capitol Street  
Concord, NH 03301  
603-271-7820  
Fax: 603-223-6290  
gary.palmer@doj.nh.gov